



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-526-3626 FAX: 573-751-8687

Richard C. Dunn
Director



Bob Holden
Governor

Dear Reader:

The Missouri Division of Senior Services is pleased to present the first edition of the Division of Senior Services Annual Report. This report combines information previously contained in the "Elder Abuse, Neglect, and Exploitation Annual Report" and the "Missouri Care Options Annual Report." Material in this report covers program and service activities for State Fiscal Year 2001 (July 1, 2000 through June 30, 2001).

The information provided in this report includes data for the Division of Senior Services, Home and Community Based Services only. The Division of Senior Services provides services to seniors ages 60 years and above, and adults with disabilities ages 18 to 59. We hope this report will be useful to anyone interested in Missouri Care Options clients, in-home services clients, and the issue of abuse, neglect, exploitation, and services and programs which are designed to keep individuals in home and community based settings as long as possible.

Elder abuse is a widespread problem affecting hundreds of thousands of elderly people across the country. However, it is believed to be largely under-reported because of shame and the shroud of family secrecy. Some experts estimate that as few as 1 out of 14 elder abuse incidents come to the attention of authorities, and reports received by the Division of Senior Services represent only a small portion of this large problem.

Questions about this report should be directed to the Department of Health and Senior Services, Division of Senior Services at (573)526-3626.

Sincerely,

Linda T. Allen, Ph.D.
Director
Division of Senior Services

www.dhss.state.mo.us

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

**Department of Health
and Senior Services**

**Division of Senior Services
Annual Report
FY2001**

**615 Howerton Court
P. O. Box 570
Jefferson City, MO 65109
573-751-3082**

CONTENTS

Division of Senior Services Annual Report

Introduction to Senior Services, Statutory Authority, Clients Profile.....	Page 2
Office of Director.....	Page 3
Section for Home and Community Services	Page 4
Bureau of Senior Programs & the Area Agencies on Aging	Page 5
Bureau of Quality Assurance.....	Page 6
Program and Policy Development Unit.....	Page 7
Elder Abuse Hotline/Information Line	Page 8
Adult Protective Services	
Reporters and Initial Reports	Page 9
Classification of Reports	Page 10
Nature of Allegations, Investigation and Investigative Findings	Page 11
Completed Investigative Findings	Page 12
Referrals, Resolutions & Services	Page 13
Source & Nature of Abuse/Neglect/Victim Demographics.....	Page 14
Perpetrator Demographics.....	Page 15
Missouri Care Options and In-Home Services	
Pre-Long Term Care Screenings (PLTCS)	Page 16
MCO and State Funded In-Home Services	Page 17
Definitions of In-Home Services	Page 18
In-Home Services Outcomes, Clients, and Annual Expenditures.....	Page 19
FY01 Long-Term Care Cost	
Nursing Home Care and Home and Community Based Care.....	Page 20
Medicaid Expenditures, Cost of Long Term Care.....	Page 21
Appendix	
A Resource Agencies.....	Page 22
B Definitions and Acronyms.....	Page 24
C In-Home Services Unit Rate Chart	Page 25
D Mandated Reporters	Page 26
E FY01 Reporter Relationship to Victim	Page 27
F FY01 Hotline Reports by County.....	Page 28
G FY01 Investigative Findings by County.....	Page 30
H FY01 PLTCS Referral Outcomes by County.....	Page 33
I Missouri Family Caregiver Support Program	Page 36
J Area Agencies on Aging Profile of Services Provided.....	Page 37
K Senior Services Regional Offices Map	Page 38
L Area Agencies on Aging Map	Page 39

Division of Senior Services

The Division of Senior Services (DSS) is the central state agency charged with coordinating matters relating to the lives of Missouri's elderly and adults with disabilities living in the home or community. Through the administration of state and federal community-based programs, the division seeks to ensure that individuals remain independent and safe in their homes and communities. The division advises legislators, advocates, state agencies, and other organizations and individuals regarding services and resources available to support this function. Most older adults who are ill or have a disability can remain in the community and avoid or delay institutionalization with the help of support services. DSS administers a coordinated, integrated home and community service delivery system to assure that the needs of Missouri's elderly and adults with disabilities are met. The primary funding sources for services and programs operated within DSS are General Revenue, Medicaid, Social Services Block Grant, and the Older Americans Act. Through a combination of these programs, over 100,000 elderly and persons with disabilities receive help each year.

Senior Services Statutory Authority and Regulation Citation

- 660.053-660.320, RSMo (Adult Protective Services);
- 565.002-570.145, RSMo (Crime of Elder Abuse);
- 198.003-198.186, RSMo (Omnibus Nursing Home Act);
- 570.145, RSMo (Crime of Financial Exploitation);
- Title 19 Division 15 Code of State Regulation (CSR) addresses the authority for the Division of Senior Services.

Senior Services Client Profile

The Division of Senior Services (Elder Abuse Hotline) serves seniors age 60 and over, and adults with disabilities, ages 18-59, who are:

- Reported to the Central Registry Unit, Elder Abuse Hotline as being a potential victim of abuse, neglect, or financial exploitation;
- Reported to the Central Registry Unit, Elder Abuse Hotline to be an in-home services client alleged to be a victim of abuse, neglect, or misappropriation of funds or property;
- Referred to the Central Registry Unit, to be an individual who is considering long term care and needs information about care options in Missouri through a pre-long term care screening; or
- Assessed by DSS staff to need in-home services to prevent premature institutionalization or to guard against potential abuse, neglect, or financial exploitation.

Eligibility for Services funded through the Older Americans Act

- Adults age 60 or older; and
- Determined to be in greatest social or economic need.

Adults with disabilities, ages 18-59 are eligible for some services offered through the Area Agencies on Aging (AAAs) using state or other funding sources.

Office of the Director

The Office of the Director is primarily responsible for the administration of programs for non-institutionalized elderly and adults with disabilities ages 18-59 in Missouri. In fulfilling these requirements, the director:

- Provides information and advice to the Deputy Department Director and information to the Board of Senior Services about issues pertaining to seniors and adults with disabilities;
- Fulfills the responsibilities of the State Unit on Aging as designated in the Older Americans Act;
- Serves on the Personal Independence Commission as the department representative for issues related to the care delivery system of home and community-based care in Missouri;
- Acts as the liaison for the department to the Governor's Advisory Council on Aging;
- Responds to proposed legislation and legislative issues regarding seniors and adults with disabilities living in the home or community;
- Ensures staff responsibility for decisions, including communication and feedback from clients, employees and the public;
- Gives leadership to the development and implementation of policy and program initiatives to improve access, quality of care, service delivery, and staff development;
- Promotes service integration and collaboration with state agencies and community-based social service agencies;
- Approves public information regarding the division's role in serving seniors and adults with disabilities;
- Allocates Social Services Block Grant (SSBG) and General Revenue (GR) funds for the Home and Community In-Home Services Program;
- Provides direction and oversight to managers and staff employed by the division; and
- Monitors operations and expenditures to ensure cost effectiveness and program efficiency.

The Division Director's Office consists of the Office of the Deputy Division Director and Assistant Deputy Director in charge of division-wide training, the Financial Officer and staff responsible for fiscal functions, the Designated Principal Assistant to the Director, and a Consultant Community Health Nurse responsible for the clinical integrity of the division.

Four major program subdivisions are located within the Office of the Director:

- Section for Home & Community Services;
- Bureau of Senior Programs;
- Bureau of Quality Assurance; and,
- Program and Policy Development Unit.

Section for Home and Community Services

The Home and Community Services (HCS) Section has ten geographical regions in Missouri grouped into seven regional field operations offices located in St. Louis, Kansas City, Springfield, Cape Girardeau, two in Columbia, and St. Joseph (Appendix K). Professionally trained social service workers, community health nurses, and long-term care specialists serve each of the state's 114 counties, plus the city of St. Louis. Staff under the direction of the HCS Section Chief primarily respond to the following charges:

- Investigate all reports of elder abuse, neglect, and exploitation of non-institutionalized eligible adults;
- Investigate reports of abuse, neglect, and exploitation of nursing facility residents when the perpetrator named in the report lives outside of the facility.
- Intervene on behalf of eligible adults believed to be at risk of injury or harm, including preparing cases for litigation based on investigative findings;
- Conduct pre-long term care screenings (PLTCS) for individuals meeting MCO criteria (i.e., is medically eligible for nursing facility care, eligible or potentially Medicaid eligible, and considering long-term care) and provide information about available care options. PLTCS are intended to assure that potential recipients of state-funded long-term care services have information sufficient to choose the care setting most appropriate to meet their care needs;
- Provide case management services to individuals requiring assistance to remain in their homes, including intake and screening, assessments, service planning and authorization of in-home services, monitoring, reassessment, and assist with discharge planning;
- Coordinate state (SSBG/GR) and Medicaid funded in-home services, home health, and community resources on behalf of clients to strengthen the support system necessary to maintain independence;
- Develop and maintain services and policies which assure the maximum degree of dignity and independence for the elderly and eligible adults with disabilities in Missouri; and
- Authorize in-home services to be delivered in accordance with established service standards and client choice as a safeguard for vulnerable adults at risk of elder abuse or premature nursing facility placement.

Significant Data:	FY97	FY98	FY99	FY00	FY01
Total HCS Customers	60,935	63,054	65,491	65,887	67,359
In-Home Services Clients	42,517	45,069	47,009	49,039	50,389
Pre-Long Term Care Screenings	21,753	23,970	24,287	24,775	23,762
Hotline Reports	12,623	13,386	14,099	14,732	15,718
Hotline Investigations	10,958	11,761	12,467	12,572	12,733
Average Monthly Number of Protective Services Clients	3,659	3,690	3,219	3,142	3,225

Bureau of Senior Programs

The Bureau of Senior Programs is responsible for ensuring effective and efficient management of state and local activities authorized through the Older Americans Act (OAA) and supplemented through state funding. In accordance with the requirements of the 1973 OAA amendment the state is divided into planning and service areas designated as the Area Agencies on Aging (AAAs). The AAAs provide local leadership in the development and implementation of programs and services for seniors at the local level. Services funded through the OAA are available to all seniors (age 60 and over) who are of greatest social or economic need with special emphasis on serving low income and minority seniors.

Bureau of Senior Programs Staff

- Conduct annual monitoring, review of program design, and service provision for compliance with state and federal policies and regulations;
- Review and approve AAA area plans for compliance with the requirements of the OAA and state regulations; compile the Missouri state plan for submission and approval by the Administration on Aging, offer assurances mandated under the OAA to secure federal funding for Missouri; and
- Provide training and technical assistance to AAA staff and respective boards upon request, regarding new developments in the aging field, and federal and state policies and procedures.

Area Agency on Aging Service Areas

Missouri has ten AAA planning and service areas responsible for providing services within specifically defined geographic boundaries. AAA offices are located in Springfield, Cape Girardeau, Warrensburg, Albany, Kirksville, Columbia, Kansas City, Manchester, St. Louis, and Joplin (Appendix L). Each AAA tailors its services and contracts to fit the local needs of seniors within their respective planning and service areas. The ten AAA offices plan and coordinate programs and services for senior citizens and are required to:

- ▲ Submit an annual area plan to the division which outlines the use of state, federal, and local funds, which must be reviewed and approved by DSS prior to distribution of funds designated for the provision of services;
- ▲ Administer a nutrition program that includes congregate meals, home-delivered meals and nutrition education activities;
- ▲ Offer access services (transportation, information and assistance, and general outreach /advocacy services, legal services, case management and in-home services (homemaker chore, personal care, and respite);
- ▲ Provide disease prevention and health promotion activities, develop and implement services designed to support family caregivers (information and assistance, counseling, support groups, caregiver training, respite and supplemental support services), services designed to support the employment of older workers, provide ombudsman services and information about the prevention of abuse, neglect, and exploitation of seniors; and
- ▲ Provide additional services unique to the planning and service area such as minor home modification, counseling, adult day care, friendly visiting, telephone reassurance, and volunteer recruitment. (Appendix I and J).

Bureau of Quality Assurance

The Bureau of Quality Assurance is responsible for conducting quality assurance reviews, revisits, complaint investigations, and providing technical assistance to in-home services providers and counselors that provide services to clients of DSS. Services are funded through Medicaid, Social Services Block Grant, and General Revenue. The in-home services providers are authorized to deliver services to individuals in the home and community including homemaker chore, personal care, nurse visits, respite, and advanced personal care services.

Primary responsibilities of the bureau staff include:

- Review providers on-site to determine compliance with state and federal laws and regulations, which intend to set minimum standards for quality of care delivered to in-home clients.
- Receive and review proposal packets for entities that desire to obtain a contract with the department to deliver in-home services;
- Issue new contracts between the provider and the Department of Health and Senior Services to deliver services for the elderly and adults with disabilities;
- Review provider files/records and conduct interviews with provider staff to determine the effectiveness and compliance of services delivered to Home and Community Services clients;
- Investigate specialized complaints regarding in-home providers that are reported to the Bureau of Quality Assurance;
- Conduct quarterly training sessions for potential providers that includes information regarding the purpose of in-home services and the mission of the division; and,
- Participate in quarterly education sessions held throughout the state for provider staff.

Significant Data:	FY97	FY98	FY99	FY00	FY01
Providers Under Department Contract	186	255	333	370	375
Providers Monitored for Compliance	131	156	187	175	120
Technical Assistance Visits	32	53	97	30	52
Complaint Investigations	45	46	184	385	250

Program and Policy Development Unit

Programs and services administered by DSS are governed by state and federal laws, rules, and regulations. The Program and Policy Development Unit is responsible for the interpretation, development, implementation and maintenance of Missouri policies and regulations regarding senior services staff. Policies which govern the provision of in-home services are developed in compliance with the state and federal requirements, the state plan personal care program administered by the Division of Medical Services, and the assurances offered under the Medicaid Aged and Disabled Waiver. Staff within the unit:

- Promulgate rules for program initiatives authorized through the General Assembly;
- Provide interpretive guidelines to managers, Home and Community Services (HCS) staff and service providers;
- Interpret rules and policies governing the in-home services providers who have a participation agreement with the department;
- Assist with training HCS staff, managers, and providers regarding policy revisions and new program initiatives;
- Oversee implementation of programs, developing and revising operational policies, and revise, amend or rescind regulations (CSR) as necessary to maximize staff resources and quality of care to recipients;
- Conduct statistical analysis of data regarding the authorization and delivery of in-home services, screenings, abuse and neglect reports, investigations, and findings;
- Assist in developing program data necessary to provide an accurate response to proposed legislation and budget decision items;
- Compile and analyze data regarding all aged or disabled clients that are authorized for in-home services by DSS HCS staff; and
- Act as a liaison with state and federal agencies/departments/divisions that have a common mission of working with elderly and/or disabled residents in Missouri to ensure their health, safety, and welfare in the least restrictive care setting.

Long-Term Alternative Care Subsystem (LTACS)

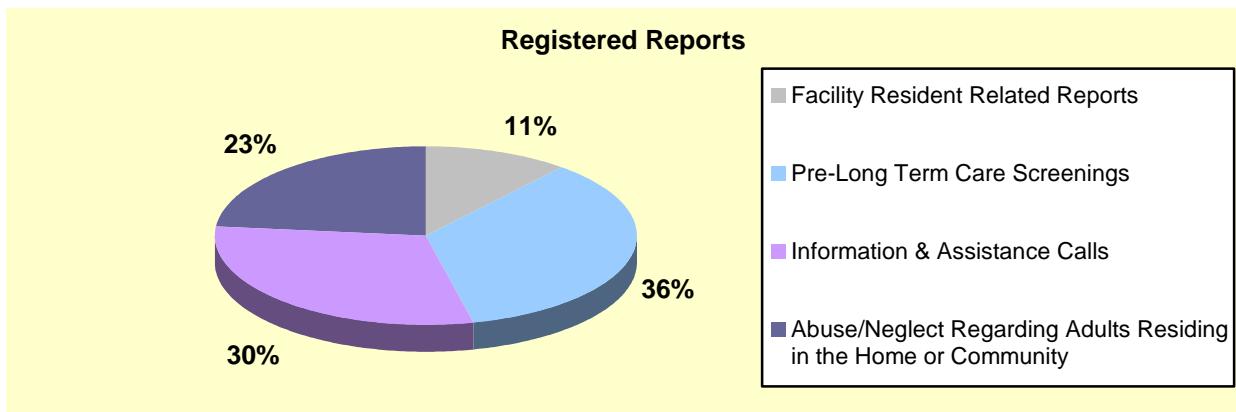
Also a part of the Program and Policy Development Unit, the LTACS or payment unit is responsible for the reimbursement for providers delivering care authorized by the HCS staff. Responsibilities include:

- Provide technical assistance and training to division staff, managers, and providers regarding data screens, data entry problems, and respond to inquiries concerning mainframe and payment issues;
- Oversee the production of management reports, including special data requests;
- Process invoices submitted for payment to the division (approximately \$17M last FY);
- Conduct research regarding payment or authorization problems for contracted providers; and,
- Propose and implement system enhancements and automation initiatives to maximize effectiveness and efficiency of the authorization and payment procedures as well as the integrity of the data stored in the LTACS subsystem (service authorization; payment reporting).

Elder Abuse, Neglect, and Exploitation Hotline [1-800-392-0210] Information and Referral Line [1-800-235-5503]

In October 1980, a statewide hotline was established to accept reports alleging abuse, neglect, or financial exploitation of elderly adults and register those reports in a central location, the Central Registry Unit (CRU). In 1987, revised legislation expanded the mandate to include protection of adults with disabilities. The toll free hotline operates 24-hours each day. Additionally, local staff receive calls regarding elder abuse at the local office and registers those reports into the CRU.

In addition to receiving calls regarding alleged abuse, neglect, and exploitation (A/N/E) of eligible adults, the CRU receives pre-long term care screening referrals, information and assistance calls often resulting in referrals to other agencies; and facility resident related calls including regulation violations for facilities licensed by DHSS, abuse of nursing facility residents, and self-reports by facility administrators regarding incidents within the facility.



- During fiscal year 2001, CRU registered 67,235 reports:
 - Over one-third of the registered reports (23,762) were pre-long term care screening referrals regarding individuals considering nursing facility care – a decrease of 4% from FY 2000.
 - Just under one-third (30%) of the reports registered by CRU were for information requests and referrals to other agencies. Requests or referrals may include information about Area Agencies on Aging (AAA), Alzheimer's information and support group referrals; heat crisis and cooling center information; referrals to local DSS offices; and, referrals to other agencies. During fiscal year 2001, the CRU received 20,262 information requests and referrals to other agencies.
 - Over 20% of the registered reports included hotline calls alleging abuse, neglect, or exploitation of an individual living in a home or community-based setting. The state experienced an approximate 6% increase in the number of hotlines registered in FY01.
 - The remainder of the hotline calls (7,493) received by the CRU and registered as reports, involve reports concerning nursing or residential care facility residents.
 - Since the inception of the hotline, approximately 302,435 total abuse and neglect reports have been registered into the Central Registry Unit (1980-2001).

Adult Protective Services

Each year across the nation, thousands of elderly become victims of abuse, neglect, and exploitation. In accordance with state statute, DSS investigates incidents of alleged maltreatment of vulnerable adults in an effort to protect against injury or harm resulting from abuse, neglect, and exploitation. Adult Protective Services include an array of services provided by public and private agencies to assist adults who are no longer able to protect his/her own interests or to access services necessary to meet the essential activities of daily living. The role of the division is to investigate reports, refer to and assist law enforcement in criminal investigations, provide crisis intervention services, and develop a protective service plan to maximize the safety of the reported adult.

Reporters

Missouri law mandates certain professionals who provide care or services to seniors and adults with disabilities to report any circumstances which would cause someone to suspect an eligible adult may be a victim of abuse, neglect, or exploitation (A/N/E) (Appendix D). In fiscal year 2001, over half of the home and community A/N/E reports were from mandated reporters. Health care professionals, such as doctors, nurses, and hospital social services employees provided 24 percent of reports (Appendix E).

Initial Reports

“Report” refers to a call in which an individual, the reporter, registers allegations of abuse, neglect, or financial exploitation of an eligible adult. (Appendix F). The intake worker (CRU or local staff) requests the following information from the reporter:

- name, address, and telephone number of the victim;
- name, address, and telephone number of other persons significant to the victim;
- nature and extent of the victim’s condition or nature of the abuse, neglect, or exploitation;
- name of the reporter (which is protected as confidential);
- summary of the allegation and degree of potential injury or harm; and
- identity of the perpetrator (when applicable).

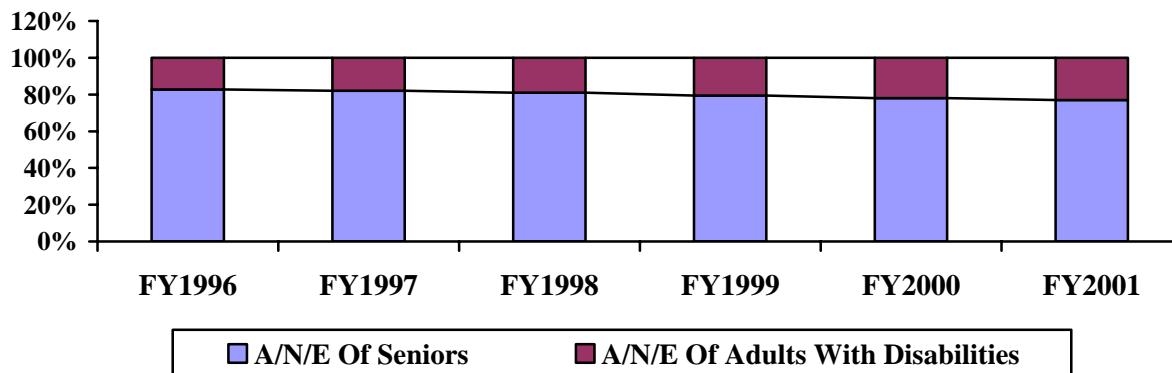
The division investigates any allegation of physical abuse and/or neglect, including medical abuse or neglect, verbal abuse, financial neglect, fiduciary abuse, and financial exploitation. Although there are various classifications of allegations that may be contained in a report, circumstances usually fall into one of six major categories: physical abuse, physical neglect, emotional abuse, emotional neglect, financial exploitation, or financial neglect. Reports generally involve more than one problem and an investigation may uncover problems not contained in the original report.

Reports regarding adults living in the home and community have increased over the past five years. Although the majority of reports involve seniors, the number of reports concerning adults with disabilities has doubled in the last decade. The overall proportion of home and community hotline reports naming a younger adult with disabilities victim has increased over two percent in fiscal year 2001, continuing a six-year trend.

**Initial Reports of Abuse, Neglect, and Exploitation
Regarding Seniors and Adults with Disabilities
Living in the Home or Community
(Includes Percent of Annual Change)**

	Seniors		Adults with Disabilities		Total	
FY97	10,342	4.3%	2,281	10.7%	12,623	5.4%
FY98	10,833	4.7%	2,553	11.9%	13,386	6.0%
FY99	11,209	3.5%	2,890	13.2%	14,099	5.3%
FY00	11,477	2.4%	3,255	12.6%	14,732	4.5%
FY01	12,117	5.6%	3,601	10.6%	15,718	6.7%

Reports of Home and Community A/N/E of Seniors and Adults with Disabilities



Classification

Calls received by the 24-hour toll-free Elder Abuse Hotline or in one of the local DSS offices initiates an investigation by HCS field staff. Reports are classified based on the information given to the intake worker by the reporter. Initiation of the report is guided by the information contained in the report regarding the likelihood of serious physical harm and need for protective services.

- **Class I Reports:** contains allegations of imminent danger or an emergency situation. Investigations are generally initiated immediately and a face-to-face contact is made with the adult within 24 hours of receipt of the report.
- **Class II Reports:** allegations in the report indicate that circumstances exist that will jeopardize the health, safety, or welfare of the reported adult, but does not create imminent danger. Investigations are generally initiated within 48 hours (or by close of the first business day following a weekend or holiday) and a face-to-face visit with the alleged victim is conducted as soon as possible, but within seven calendar days.
- **Class III Reports:** calls to the hotline of a non-protective situation; generally requests for services or additional information (investigation is usually not warranted).

Nature of Allegations

Various pre-described conditions are commonly used to code the allegations contained within reports of abuse, neglect, or exploitation. Allegations are coded based on the information received from the individual calling the hotline or county office and may include:

Beatings	Financial Exploitation	Isolation
Behavior Problems	Financial Management Needed	Legal Need Locked In/Out Home
Bone Fractures	Financial Need	Medical Abuse
Bruises/Welts	Guardian Needed	Medical Neglect
Confused	Harassment	Physical Restraint
Cuts/Wounds	Heavy Care Responsibility	Placement Needed
Depressed	Improper Supervision	Sexual Abuse
Disregard for Personal Safety	Inadequate Food	Stressed
Emotional Abuse	Inadequate Housing	Substance Abuse
Emotionally Disturbed	Inadequate Physical Care	Suicidal
Eviction	Inadequate Utilities	Verbal Abuse
Family Discord	Incapable of Self Care	
Filth/Squalor		

Investigation

The investigator initiated the investigation and met face-to-face with the victim within the 24-hour timeframe in 89% of the Class I hotline reports. Class II investigations were initiated within 48-hours in 43.4% of the cases and the investigator met face-to-face with the alleged victim in 88.6% of the cases within seven days of the report. Initiation of an investigation is often beyond the control of the investigator when there is an inability to locate the victim, lack of cooperation by the victim/perpetrator, or there is a need to coordinate with law enforcement or other agencies involved in the investigation. The time frames for initiation may also be affected by the admission of the reported adult to a facility, hospital, or other protective environment.

Upon receipt of a report alleging maltreatment of a senior or adult with disabilities, the investigator immediately determines whether or not it is appropriate to involve law enforcement or other investigative agencies. During the investigation process, field staff may engage the assistance of various public and private entities such as law enforcement officers, public administrators, prosecutors, physicians, health care professionals, licensing boards and agencies, and probate judges as necessary. Additionally, staff work with other departments including: Department of Mental Health; Department of Elementary and Secondary Education, Division of Vocational Rehabilitation; Department of Insurance; Department of Social Services; and Department of Public Safety. Staff intervene on behalf of vulnerable adults when necessary and appropriate to reduce the risk of continued injury or harm.

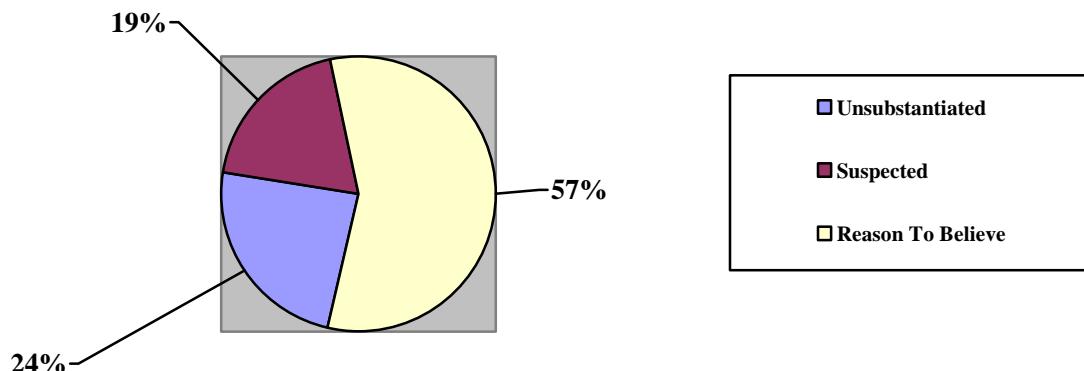
Investigative Findings

At the conclusion of the investigation, a determination is made as to the validity of the allegations contained in the original hotline report. The investigative findings are forwarded to the CRU for entry into the Central Registry for Abuse, Neglect and Exploitation (CRANE) database.

“Investigation” refers to a completed review of the facts in a reported situation for which the “investigative findings” are entered into the CRANE database. Investigative findings are classified based on the amount of evidence that has been obtained that gives findings or refutes allegations contained in the report. Additional abuse/neglect problems that are identified during the investigation are added to the report findings and entered into the database. Findings are classified as:

- **Reason to Believe:** A substantial amount of evidence is found supporting the allegations contained in the report;
- **Suspected:** Based on the investigator’s judgment, the reported allegations are probable or likely; or
- **Unsubstantiated:** The evidence of the investigation does not support the allegations in the report.

In FY (fiscal year) 2001, Senior Services staff completed 12,733 investigations (Appendix G). Cases in which the investigator found “Reason to Believe” the allegations in the report to be true made up 57% of completed investigations. Cases in which the investigator found the allegations to be “Suspected” the allegations in the report to be true were 19%, and cases in which the investigator found were to be “Unsubstantiated” made up 24%. Reason to Believe or Suspected cases increased an average of 1%. Unsubstantiated findings increased over 8%. More than over half (60%) of the investigations completed in fiscal year 2001 were found “Reason to Believe”.



Findings of Completed A/N/E Investigations

(Including Percentage of Annual Change)

Reason to Believe		Suspected		Unsubstantiated		Total		
FY97	6,360	7.5%	2,302	-1.3%	2,302	-4.1%	10,964	3.2%
FY98	6,640	4.4%	2,579	12.0%	2,555	11.0%	11,774	7.4%
FY99	6,857	3.3%	2,680	3.9%	2,930	14.7%	12,467	5.8%
FY00	7,167	4.5%	2,452	-8.5%	2,954	0.8%	12,573	0.8%
FY01	7,181	1.9%	2,356	-3.9%	3,196	8.1%	12,733	1.3%

Completed Investigative Findings

Nature of Allegation	Total	Reason to Believe	Suspected	Unsubstantiated
Physical Neglect	19,531	7,609	3,422	8,500
Emotional Neglect	4,791	2,329	1,066	1,396
Emotional Abuse	3,016	1,068	706	1,242
Physical Abuse	2,835	1,047	482	1,306
Financial Exploitation	2,568	353	528	1,687
Financial Neglect	2,286	980	372	934
Mental Disability	962	610	167	185
Other	729	244	131	354

Three types of allegations were commonly included in the reports regarding elders and adults with disabilities abuse in FY01. Physical neglect was the most commonly cited allegation in reports and was identified through investigations to be the highest verifiable finding (7,609 of 19,531 findings).

Referrals

On the basis of the investigative findings, staff may refer cases to the local prosecutor when it has been determined that the findings regarding abuse, neglect, or financial exploitation of an eligible adult may meet the elements of a crime. Referrals may also be made to a licensing agency when it has been determined that there is reason to believe that a professional has violated their licensure or ethical requirements in the delivery or non-delivery of care to a vulnerable adult. Staff also forward cases to the Department of Health and Senior Services (DHSS), Office of General Counsel for review or the department designee when it is determined that a perpetrator of abuse or neglect may be appropriate for placement on the Employee Disqualification List (EDL).

The EDL is a statutory mechanism intended to protect vulnerable adults from individuals who have been found to have abused, neglected, misappropriated funds or property, or falsified service delivery documents during the delivery of care in a facility, hospital, or the adult's home. State statute prohibits health care entities that are licensed or contracted by the state from hiring individuals whose name appears on the EDL.

Resolutions and Services Provided

Upon conclusion of an investigation, the majority of cases found "Reason to believe" result in providing protective services (27% in FY01) or the problem was resolved through a conclusive action or plan (29% in FY01). In FY01, 14% of investigations resulted in the reported adult being placed in a long-term care facility or referred to another agency for help.

Various services are provided to individuals after investigation. In most cases, the victim and/or his/her family received counseling by division staff regarding the risks associated with aging in the home and community. As a result of a hotline call, 33% of the reported adults were authorized for an in-home service, such as personal care, homemaker care, or home delivered meals. Another 19% were provided legal or financial services, including assignment of a guardian, a power of attorney, or financial management.

Source and Nature of Abuse, Neglect, or Exploitation

In Missouri, as well as nationally, the majority of perpetrators of abuse, neglect, or exploitation are family members of the victims. Causes identified by researchers that contribute to the occurrence of abuse include: caregiver stress; impairment of the dependent adult; a cycle of violence; and personal problems of abusers such as mental and emotional disorders, alcoholism, drug addiction, and financial difficulty.

The source, nature or types of alleged abuse and/or neglect are examined to determine if evidence is found supporting the allegation. Circumstances or environment were found to be the most common associated source of abuse and/or neglect in more than half of the cases investigated in Missouri. The nature of abuse found in these cases included the victim being incapable of self-care (25%), confusion of the victim (7%), and inadequate physical care (5%).

The reported adult was identified to be the primary perpetrator (self-neglect or self-abuse) in nearly 29% of the cases found "Reason to Believe". Self-abuse and self-neglect is characterized as the behavior of a person that threatens his/her own health or safety and generally manifests itself as a refusal or failure to provide himself/herself with adequate food, water, clothing, shelter, personal hygiene, medication, and safety precautions.

Nearly 21% of the substantiated cases were attributed to another person inflicting the abuse, neglect, and/or exploitation. Financial exploitation cases accounted for 15% of the reports. Approximately 14% of the third-party perpetrator cases were the result of physical abuse such as: beatings, bruises, cuts, burns, etc. Sexual abuse accounted for 1% of the cases.

Victim Demographics by Race

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
White	1,941	1600	1,995	649	624	1,175	2,119
Black	27	214	637	20	28	68	1,249
American Indian	0	4	2	0	0	3	1
Oriental	5	0	6	0	1	1	14
Unknown / Error	44	30	91	20	3	26	136
Total	2,017	1,848	2,731	689	656	1,273	3,519

Victim Demographics by Sex

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
Female	1,320	1,200	1,699	434	380	797	2,318
Male	693	646	1,027	253	276	476	1,187
Unknown	4	2	5	2	0	0	14
Total	2,017	1,848	2,731	689	656	1,273	3,519

Victim Demographics by Age

	Region 1/10	Region 2	Region 3/7	Region 4	Region 5	Region 6	Region 8/9
20 and Under	20	11	32	12	69	12	31
20-29	71	53	83	12	102	35	84
30-39	78	101	97	17	101	57	84
40-49	135	132	160	35	76	107	174
50-59	206	210	279	69	40	141	307
60-64	138	145	189	47	12	111	241
65-69	179	199	287	76	5	114	316
70-74	216	207	326	75	13	134	459
75-79	299	278	392	117	31	185	507
80-84	281	239	378	110	37	184	594
85-89	239	175	310	65	65	115	419
90-94	121	72	150	40	38	54	209
95 and Over	34	26	48	14	67	24	94
Total	2,017	1,848	2,731	689	656	1,273	3,519

Perpetrator Demographics in Hotline Investigations

An analysis of the demographic characteristics of perpetrators reveals that the typical perpetrator was white, with an average age of 52 years old, and related to the victim. Females were somewhat more likely than males to be perpetrators. This is partly attributable to the discrepancy between the sexes in our population and the prevalent sociological gender roles of females as the primary caregiver. Age was reported for 49% of the perpetrators. In cases where age was reported, the majority of perpetrators were under 50.

Age	Relationship to Victim		
Less Than 30	22.3%	Adult Child	32.7%
30-39	21.5%	Other Relative	21.2%
40-49	18.5%	Spouse	12.3%
50-59	16.5%	In-Home Services Provider	13.2%
60-69	07.0%	Health Care Professional	3.5%
70-79	08.0%	Housemate, Friend, Neighbor	7.1%
80+	06.2%	Other	10.0%

Average Age = 52 (based on cases in which age was reported)

Race	Living With Victim	
	Yes	No
White	67.2%	48.7%
African American	21.1%	51.3%
Hispanic	00.3%	
Asian	00.2%	
Native American	00.1%	
Other	00.1%	
Not Reported	11.4%	

	Sex	
	Male	Female
	44.3%	52.6%
	03.1%	

Missouri Care Options

Missouri Care Options (MCO) is the name used to describe the programs that offer choices to seniors and adults with disabilities in the state of Missouri, which often result in the authorization of home and community-based care. The 1992 MCO legislative initiative intended to ensure that adults who are facing decisions regarding long-term care are aware of information sufficient to exercise choice regarding their decision about long-term care. To ensure that adults in Missouri facing decisions regarding long-term care have options for receiving care in the home or community, the state legislature has invested in funding an array of services as an alternative to a more costly, more restrictive care setting.

Through a screening and assessment process, the division helps the individual determine the feasibility of home-care options in lieu of facility placement. After discussing long-term care needs of the individual, the worker reviews services available within the state including home-based, community-based, and residential-based care settings. For persons who choose to remain in the community, types of care including agency-based and consumer-directed care are explained. Services in the home may be paid for through private insurance, Medicaid, General Revenue, Older Americans Act (Title III), or by private arrangements between the provider of care and the consumer. In-home services for Medicaid recipients are authorized by Senior Services staff and are delivered by department contracted and/or Medicaid enrolled providers. Individuals choosing consumer-directed care are referred to the appropriate Center for Independent Living and services are administered through the Department of Elementary and Secondary Education, Division of Vocational Rehabilitation.

Prior to admission, Missouri nursing facilities are generally required to contact the Elder Abuse Hotline to make a referral on individuals who are entering nursing facilities that are eligible or potentially eligible for Medicaid. Additionally, hospitals are encouraged to make referrals on any patients being considered in need of long-term care prior to discharge.

MCO Pre-Long Term Care Screening (PLTCS)

The division is required to conduct PLTCS for adults in Missouri who are:

- referred to the Central Registry Unit as an individual who is facing decisions regarding long-term care;
- medically eligible for nursing facility level of care; and
- is a Medicaid recipient or will potentially need access to state-funded long-term care.

In FY01, the division revised policies governing issuance of a referral number. As a result, the number of referrals decreased for the first time in over a decade. Policies were revised to maximize efficiency and effectiveness of staff resources. In some cases, new referral numbers are not assigned to clients the division is already serving, as these individuals are aware and often recipients of home and community based care. Additionally, screening referrals need not be reissued for a one-year period. All individuals, however, who are referred to or contact the hotline are mailed information regarding long-term care options and are encouraged to contact the division or a provider of services if he/she is exploring home care as an alternative to facility placement.

In FY01, the division received over 23,000 referrals. CRU staff complete the screening when it can be determined that there is no viable option to facility care, or the individual does not meet the requirements for state staff to conduct a PLTCS. Upon completion of the screening by CRU,

information regarding care options is mailed to the individual/family for review or the individual is referred to the field for follow-up contact. HCS staff conducted 60% of the screenings.

In FY01, well over one-third of individuals screened by staff were able to remain in the home with authorization of state-funded in-home services (28.73% at home and 9.48% receive Personal Care in a Residential Care Facility).

- ▲ Less than 1% of the screened individuals entered a nursing facility for a short-term stay and another 49.37% entered the Nursing Facility based on need and/or choice.
- ▲ The remaining 12.10% of the individuals screened returned to the community on his/her own resources, improved to where no care was needed, relocated to another state, moved in with a relative, died, or there was insufficient data to determine the outcome (Appendix H).

	FY97	FY98	FY99	FY00	FY01
PLTCS Referrals	21,753	23,970	24,287	24,775	23,762
Percent of PLTCS Resulting in Authorization of In-Home Services	30.5%	35.6%	38.3%	40.2%	38.21%
Percent of PLTCS Resulting in Nursing Facility Placement	52.4%	47.1%	44.1%	43.8%	49.37%

MCO and State-Funded In-Home Service Clients

The division's social service workers respond to requests for assistance and complete an assessment of functional, medical, and environmental limitations that affect the ability of the individual to perform activities of daily living and live independently. Provision of state-funded in-home services are available to individuals who need help to remain in the home or community and would otherwise be eligible for Medicaid payment in a nursing facility.

State-funded assistance to pay for services include a combination of Medicaid, General Revenue, Social Services Block Grant, and Older Americans Act funding. Once the need for state-funded assistance and Medicaid eligibility is determined and the individual chooses agency-based care, staff identify formal and informal support systems that are available to meet the client's need. In-home services are authorized as necessary to provide the support needed to maximize independence and quality of life.

Providers of in-home services deliver care to clients as authorized by the division in every county in the state. The client is able to choose the provider from whom he/she wishes to receive care. Providers often work with clients or his/her family when a specific individual has been identified to deliver the needed care. In-home services are governed by standards promulgated by rules of the Division of Senior Services [19 CSR 15-7.021] and the Division of Medical Services [13 CSR 70-91.010] and a contract with the department. Included in the minimum standards and contract provisions are hiring prohibitions regarding employees who will deliver care, training requirements, and reimbursable tasks. The maximum reimbursement rates for care delivery are set annually by the Missouri General Assembly (Appendix C).

Significant Data:	FY1997	FY1998	FY1999	FY2000	FY2001
Number of In-Home Provider Agencies	186	255	333	370	375

The division authorizes in-home care using the following service definitions:

Personal Care – medically oriented tasks related to a client's physical needs based on their limitations such as general grooming, brushing hair, cleaning fingernails, shaving, bathing, and medically related household activities. Personal care services are also available to residents of residential care facilities (RCFs). Services are funded primarily through Medicaid. In some areas of the state, Personal Care services may be available through Area Agencies on Aging.

Advanced Personal Care – medically oriented services for clients who have altered body functions such as care for clients with ostomies or catheters, bowel programs, require lifts to transfer, assistance with medications, care of non-sterile dressings, and passive range of motion exercises. Advanced personal care services are also available to residents of residential care facilities (RCFs). Services are funded primarily through Medicaid.

Authorized Nurse Visits –nursing activities including skin monitoring, pre-filling insulin syringes, set-up and administration of prescribed medications, nail care for diabetic clients, APC care plans, aide training, and general health evaluations. Authorized nurse visits are also available to residents of residential care facilities. Services are funded primarily through Medicaid.

Homemaker Chore – involves general household activities such as cooking, cleaning, laundry and other household tasks that are not direct or hands-on services to the clients. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older). In some areas of the state, homemaker chore services may be available through the Area Agencies on Aging.

Adult Day Health Care – services ranging from active rehabilitation to social and health-related care through a structured program of social and therapeutic activities in a facility outside the client's home. This service, in areas of the state where available, is authorized in full-day or half-day units. Services are funded primarily through the Medicaid Aged and Disabled Waiver. In some areas of the state, Adult Day Care services may be available through Area Agencies on Aging.

In-Home Respite – care provided in the home setting to supervise clients, giving temporary relief to primary caregivers. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older) and through state funds. In some areas of the state, in-home respite may be available through Area Agencies on Aging.

Advanced In-Home Respite – targeted to clients with special needs (such as Alzheimer's, bedfast clients requiring turning, repositioning or transfer, etc.) who have a live-in caregiver needing respite. This service is available in hourly units and in 8-hour or 24-hour blocks. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 or older).

Nurse In-Home Respite – respite services delivered by a licensed nurse available to clients whose care needs require skilled services that must be provided by a licensed nurse during periods of respite for the normal caregiver. This service is available in 4-hour blocks. Services are funded primarily through the Medicaid Aged and Disabled Waiver (limited to individuals age 63 and older).

Counseling – the process of guiding, instructing, or providing information through therapeutic interaction between counselors and clients consisting of purposeful and goal-directed verbal/nonverbal communication such as listening, talking, interviewing, discussing, and observing. Services are funded primarily through Social Services Block Grant and state General Revenue.

Home-Delivered Meals – nutritious meals delivered to homebound individuals. Services are provided through the Area Agencies on Aging using a combination of federal (primarily Older Americans Act) and state funds including the Aged and Disabled Medicaid Waiver.

Average Monthly Number of In-Home Services Clients

	FY97	FY98	FY99	FY00	FY01
Personal Care	3,250	3,197	3,422	3,183	2,952
Advanced Personal Care	137	171	222	233	234
Authorized Nurse Visits	324	445	616	681	788
Homemaker Chore	5,676	5,021	4,605	3,863	3,440
Hourly Respite	315	338	355	309	323
Advanced Respite					
(Includes Hourly, 6-8 Hr Block, 24 Hr Block)	23	120	97	109	102
Nurse Respite	11	26	66	38	38
Adult Day Health Care	83	73	35	87	75
Counseling	69	79	82	89	27
Clinical Consultation	N/A	N/A	10	11	N/A
Self-Directed Attendant Care Service Pilot	N/A	N/A	9	10	N/A

Annual Number of In-Home Services Clients

Annual unduplicated in-home service clients 42,517 45,069 47,009 49,039 50,389

Annual Expenditures By Service

Service Type	FY97	FY98	FY99	FY00	FY01
Personal Care	\$5,618,244	\$6,239,222	\$6,735,239	\$7,148,422	\$5,781,786
Advanced Personal Care	\$442,141	\$579,142	\$698,845	\$780,251	\$629,733
Authorized Nurse Visit	\$280,684	\$378,039	\$536,0047	\$606,512	\$616,016
Homemaker Chore	\$7,506,995	\$7,565,452	\$7,014,809	\$6,481,104	\$5,344,206
Hourly Respite	\$913,268	\$1,092,271	\$1,226,832	\$1,174,225	\$1,113,262
Advanced Respite	\$21,703	\$803,458	\$678,167	\$569,859	\$376,553
Nurse Respite	\$33,300	\$264,206	\$270,950	\$192,362	\$155,271
Adult Day Health Care	\$161,856	\$143,195	\$97,267	\$141,668	\$92,125
Counseling	\$60,022	\$80,303	\$69,761	\$81,582	\$60,174
Clinical Consultation	N/A	N/A	\$87,300	\$87,300	\$87,300
Personal Care Attendant	\$108,399	\$180,000	\$173,536	\$186,464	\$154,074
Self-Directed Attend. Care	N/A	N/A	N/A	\$15,787	\$209,615

FY 01 Long Term Care Cost

Long term care in Missouri includes a combination of care to residents living in facility care settings and individuals living in the home and/or community. Programs and services are administered by various state departments to individuals who are not Medicaid recipients but meet specific eligibility requirements for participation. Approximately 28% of the Medicaid expenditures in Missouri are used to fund long-term care.

- ▲ Medicaid reimbursement for residents of facility care settings accounts for approximately 21.0% of total Medicaid expenditures. General Revenue is also appropriated for individual, needs-based grants [administered by the Division of Family Services] to assist residents who live in state licensed (non-Medicaid) nursing facilities and residential care facilities (RCFs).
- ▲ Home and community-based care from various departments include: in-home services; personal care attendant; services for the mentally ill; and, mentally retarded/developmentally disabled living in the community. Approximately 7.0% of the Medicaid long-term care expenditures pay for in-home services. Additionally, General Revenue is appropriated to various state departments to pay for care in the home and community.

In all care settings, the costs related to ancillary benefits (medication, doctor procedures, surgery, etc.) are billed outside the cost of reimbursement to the facility or the provider of care. In comparing cost of care, the following considerations must be given to actual reimbursement for care:

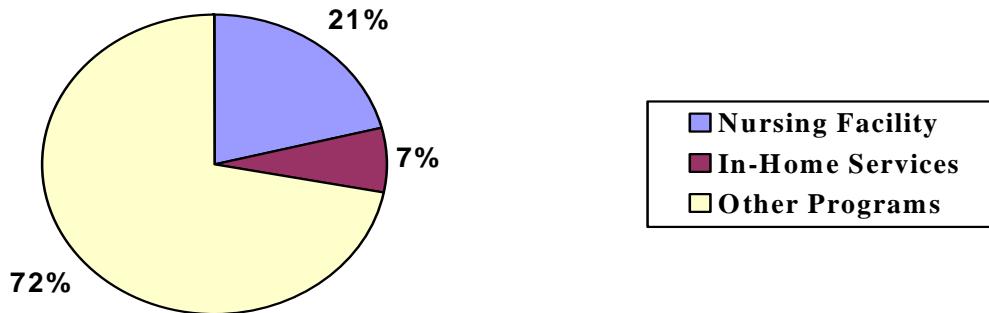
Nursing Home Care: Nursing facility reimbursement is paid based on a per-diem established for the facility and is intended to cover the cost of care regardless of the degree of need required by the resident. Reimbursement is made based on the requirement that the facility meet the needs of the resident.

The average annual cost of nursing facility care per resident is estimated at \$35,607 after adjusting for the Federal Reimbursement Allowance. The “Nursing Facility Federal Reimbursement Allowance” (NFRA) enacted in 1994 by the Missouri General Assembly, imposed an annual fee on all residents of privately owned nursing facilities. The purpose of the fee was to generate additional revenue to provide for increased Medicaid reimbursement to nursing facilities. Nursing facility average costs are determined by dividing total expenditures by the average monthly number of recipients. Fiscal years 1996 through 2001 average cost of nursing facility care have been adjusted to exclude the Federal Reimbursement Allowance.

Home and Community-Based Care: Provider reimbursement for care in the home and community is prior-authorized by state staff based on the needs of the recipient and is reimbursed respectively—after the actual delivery of care. Reimbursement is made only for the tasks performed in accordance with the care plan and delivered by the provider to the recipient. The actual cost of care, therefore, is task-specific and reimbursed according to the amount billed by the provider and does not include any assistance with costs of maintaining the residence. The cost of care needed and authorized may, therefore, often be higher than the actual cost of care delivered to the recipient.

The average annual cost during FY01 to provide in-home services to MCO participants determined to be medically eligible for nursing facility level of care was estimated at \$4,177. For those who received personal care (including the General Revenue cash grant) in an RCF, the estimated annual cost per recipient was \$4,672.

Medicaid Long-term Care Expenditures for FY01



Average Estimated Annual Cost of Medicaid Funded Long-term Care

Year	In-Home*	RCF*	Nursing Facility
Medicaid Expenditures			Average Monthly Number of Clients Served
Nursing Facility Expenditures	\$744,314,764	(21.00%)	25,804
HCB Services	\$234,090,963	(07.00%)	32,477
All Other Programs		(72.00%)	

FY94	\$1,680	\$1,845	\$16,802
FY95	\$2,352	\$3,077	\$19,680
FY96	\$2,834	\$4,053	\$24,596
FY97	\$3,045	\$3,916	\$28,408
FY98	\$3,731	\$4,365	\$31,765
FY99	\$4,179	\$4,503	\$32,758
FY00	\$4,194	\$4,639	\$32,385
FY01	\$4,177	\$4,672	\$35,607

* Average cost of in-home services per recipient is based on a subset of consumers who are tracked in the MCO database. The average cost of care is based on the total amount of services paid by the date the annual cost is calculated. The division asserts that it is reasonable to assume that the subset of information is representative of the average cost of care for all division authorized in-home services clients.

Appendix A

Resource Agencies

Adoption Hotline	1-800-554-2222
Alzheimer's Disease Hotline	1-800-272-3900
American Association of Retired Persons (AARP)	1-202-434-2277
American Cancer Society	1-800-227-2345
American Diabetes Association	(573)-443-8611
American Lung Association	1-800-LUNG-USA
Attorney General's Consumer Protection Hotline	1-800-392-8222
Auditor's Office (Fraud)	1-800-347-8597

Better Business Bureaus:

Kansas City	1-816-421-7800
St. Louis	1-314-645-3300

Child Abuse Hotline	1-800-392-3738
CLAIM	1-800-390-3330
Consumer Fraud and Welfare Hotline	1-800-392-8222
Consumer Product Safety Commission	1-800-638-2772
Courage Stroke Network-American Heart Association	1-800-553-6321
Department of Insurance Hotline	1-800-726-7390
Department of Mental Health	1-800-364-9687
Department of Health and Senior Services	(573)-751-6001
Department of Social Services	(573)-751-4815
Division of Family Services (State Office)	(573)-751-3221
Division of Medical Services (State Office)	(573)-751-3425
Division of Senior Services (State Office)	(573)-751-3082
Division of Senior Services (TDD)	1-800-735-2966
Division of Senior Services (Voice)	1-800-735-2466
Elder Abuse and Neglect Hotline	1-800-392-0210
ElderCare Locater	1-800-677-1116
Family Care Safety Registry	1-866-422-6872
Guide Dog Foundation for the Blind	1-800-548-4337
Home Health Care Reports	(573)-751-6336
Information and Referral Hotline	1-800-235-5503
Kansas City Secret Service	1-816-512-2000

Legal Services:

Mid Missouri Legal Services (Columbia)	1-800-568-4931
Legal Services of Eastern Missouri (St. Louis)	1-800-444-0514
Legal Aid of Western Missouri (KC)	1-816-474-6750
Mark Twain Legal Services (Canton)	1-573-288-5643
Legal Services of Southern Missouri (Springfield)	1-417-881-1397
Medicare Hotline	1-800-447-8477

Mental Health Associations:

Kansas City 1-913-281-2221
St. Louis 1-314-773-1399

Long-Term Care Ombudsman Program	1-800-309-3282
MO Assistive Technology Project	1-800-647-8557
MO Capitol Police	(573)-522-2222
MO Dental Association-Senior Care Program	1-800-688-1907
MO Hospital Association (Hospital Reports)	(573)-893-3700
MO Rehabilitation Services for the Blind	1-800-592-6004
MO Senate Hotline (January-May)	1-800-877-5982
MO Senior Rx Program	1-866-556-9316
MO Water Patrol	(573)-751-3333
National Center for Missing and Exploited Children	1-800-843-5678
National Fraud Information Center	1-800-876-7060
National Kidney Foundation	1-800-622-9010
National Multiple Sclerosis Society	1-800-344-4867
National Parkinson Foundation	1-800-327-4545
Parental Stress Hotline	1-800-367-2543
Poison Control Center	1-800-366-8888
Public Service Commission (Utility Complaints)	1-800-392-4211
Rape and Abuse Crisis Hotline	(573)-634-4911
Secretary of State Investor Hotline	1-800-721-7996
Shelter for Battered Women and Children	1-800-303-0013
Social Security	1-800-772-1213

Suicide Crisis Emergencies:

Kansas City and Northwest MO Areas	1-888-279-8188
St. Louis and Metro Areas	1-800-811-4760
Northwest, Central, and Southeast Areas	1-800-356-5395

Toxic Chemical and Oil Spills	1-800-424-8802
US Inspector General (Medicare Issues)	1-800-368-5779
Women's Center (UMC)	1-573-882-6621

Definitions and Acronyms

AAA: Area Agencies on Aging.

A/N/E: Abuse, Neglect, or Exploitation.

A/N: Abuse or Neglect.

Abuse: The infliction of physical, sexual or emotional injury or harm including financial exploitation by any person, firm, or corporation.

CRU: Central Registry Unit.

CSR: Code of State Regulations.

DHSS: Department of Health and Senior Services

DSS: Division of Senior Services.

EDL: Employee Disqualification List.

Eligible Adults:

- Missouri residents who are aged 60 or older;
- Adults age 18-59 with physical or mental impairments that limit his/her ability to perform activities of daily living; and
- Residents of nursing facilities, residential care facilities, or intermediate care facilities for the developmentally disabled (ICFMR).

Financial Exploitation: A person in a position of trust and confidence obtains control of property by deceit or intimidation.

GR: General Revenue.

HCS: Home and Community Services.

HCSAS: Home and Community Services Area Supervisor.

LCSW: Licensed Clinical Social Worker.

LTACS: Long-term Alternative Care Subsystem – Senior Services database containing data regarding authorization for in-home services.

LTCS: Long-term Care Specialists.

MCO: Missouri Care Options. Program in which persons are informed about care options when facing decisions regarding long-term care.

Neglect: The failure to provide services to an eligible adult by any person, firm, or corporation with a legal or contractual duty to do so, when such failure presents either an imminent danger to the health, safety, or welfare of the client or a substantial probability that death or serious physical harm would result.

OAA: Older Americans Act.

Perpetrator: An individual, other than the victim himself/herself, who is alleged to have abused, neglected, or exploited someone.

RCF: Residential Care Facility.

SSBG: Social Services Block Grant.

SSW: Social Service Worker I/II employed by the Division to investigate hotline reports involving abuse, neglect, and exploitation, conduct assessments, authorize in-home services, review care options with individuals facing decisions regarding long-term care and provide ongoing case management.

Title XIX: Medicaid.

*The above terms as defined by applicable state statutes.

Appendix C

In-Home Services Maximum Unit Reimbursement Rates
Established by the General Assembly

Service Type	FY97	FY98	FY99	FY00	FY01
Personal Care	\$10.36	\$11.46	\$11.94	\$12.94	\$13.46
Advanced Personal Care	\$14.61	\$15.50	\$15.98	\$16.98	\$17.50
Homemaker Chore	\$10.36	\$11.46	\$11.94	\$12.94	\$13.46
Respite (Hourly)	\$7.36	\$9.60	\$10.08	\$11.08	\$11.60
Advanced Respite (Hourly)	N/A	\$12.60	\$13.08	\$14.08	\$14.60
Advanced Respite (6-8 Hour Block)	N/A	N/A	\$75.00	\$76.00	\$76.52
Advanced Respite (17-24 Hour Block)	N/A	N/A	\$175.00	\$176.00	\$176.52
Nurse Respite	N/A	\$75.00	\$75.00	\$76.00	\$76.52
Adult Day Health Care (Full day)	\$33.50	\$41.50	\$42.70	\$43.70	\$43.70
Adult Day Health Care (Half day)	N/A	N/A	\$21.35	\$22.35	\$22.35
Professional Counseling	\$25.00	\$26.08	\$26.08	\$27.08	\$27.60
Semi-Professional Counseling	\$16.00	\$17.08	\$17.08	\$18.08	\$18.60
Home-Delivered Meals (Aged and Disabled Waiver)	N/A	N/A	N/A	\$5.00	\$5.00

Care Provided in Residential Care Facilities

Personal Care	\$11.37	\$11.37	\$12.37	\$12.89	\$13.14
Advanced Personal Care	\$12.04	\$12.93	\$13.41	\$14.41	\$14.93
Nurse Visits	\$26.30	\$26.30	\$27.30	\$27.82	\$28.07

Mandated Reporters

Professionals mandated to report in accordance with:	660.300	565.188	198.070
Adult Day Care Center Workers	Yes	Yes	
Chiropractors	Yes	Yes	Yes
Christian Science Practitioners	Yes	Yes	Yes
Clinic personnel engaged in treatment, examination, care; adults 60 (+)	Yes		
Clinic personnel engaged in the examination of persons age 60 (+)			Yes
Coroner	Yes	Yes	
Dentist	Yes	Yes	Yes
Department of Health and Senior Services Employee	Yes		
Department of Mental Health Employee	Yes		Yes
Department of Social Services Employee	Yes		Yes
Facility Administrator			Yes
Facility Employee (also see Nursing Home Worker)			Yes
Health practitioners engaged in treatment, examination, care; persons age 60 (+)	Yes		
Hospital personnel engaged in treatment, examination, care; adults age 60(+)	Yes		
In-home services employees, operators, and owners	Yes		
Interns (also see Resident Intern)			Yes
Law Enforcement Officials (also see Peace Officers)	Yes	Yes	
Medical Examiner	Yes	Yes	Yes
Mental Health Professionals		Yes	Yes
Ministers	Yes		Yes
Nurse (also see Registered Nurse)	Yes	Yes	Yes
Nursing Home Worker (also see Facility Employee)		Yes	
Optometrist	Yes	Yes	Yes
Other Health Practitioner			Yes
Other person with responsibility for the care of persons 60 years (+)	Yes		
Other person with responsibility for the care of an eligible adult			Yes
Peace Officer	Yes	Yes	Yes
Pharmacist	Yes		Yes
Physical Therapist	Yes		Yes
Physician	Yes	Yes	Yes
Podiatrist	Yes	Yes	Yes
Probation or Parole Officer		Yes	Yes
Psychologist	Yes	Yes	Yes
Registered Nurse (also see Nurse)	Yes	Yes	
Resident Intern	Yes	Yes	
Social Worker	Yes	Yes	Yes

660.300 - Abuse/Neglect of in-home services clients

565.188 - Person (age 60 or older) subjected to conditions, which would reasonably result in abuse or neglect

198.070 - Resident of a nursing facility has been abused or neglected

**Reporters of Home and Community A/N/E of
Seniors and Adults with Disabilities**

Relationship of Reporter to Victim	Number of Reports	Percent of Total
Hospital Social Services Employee	1,977	12.6%
Adult Child/Spouse/Grandchild/Sibling	1,950	12.4%
In-Home Services Provider	1,614	10.3%
Self	1,537	9.7%
Health Care Professional	1,336	8.5%
Friend/Neighbor/Landlord/Housemate	1,331	8.5%
Anonymous/Unknown	1,233	7.8%
Circumstances/Environment	1,069	6.8%
Other Relative/Guardian/Parents or Self	759	4.8%
Law Enforcement	687	4.4%
Long Term Care Employee	644	4.1%
Clergy/Social Service Employee	423	2.7%
Division of Senior Services Employee	334	2.1%
Mental Health Professional/Ombudsman	279	1.8%
Physician/Dentist	264	1.7%
Government Official/Legal Counsel	172	1.1%
Area Agency on Aging	109	0.7%
Total	15,718	100.0%

FY01 Hotline Reports By County

Appendix F

County	Under 60	Seniors (60+)	Total	County	Under 60	Seniors (60+)	Total
Adair	35	65	100	Dent	38	49	87
Andrew	12	19	31	Douglas	12	31	43
Atchison	5	16	21	Dunklin	29	136	165
Audrain	13	57	70	Franklin	54	154	208
Barry	13	81	94	Gasconade	8	28	36
Barton	5	16	21	Gentry	6	8	14
Bates	6	32	38	Greene	207	594	801
Benton	8	29	37	Grundy	6	24	30
Bollinger	16	53	69	Harrison	6	32	38
Boone	70	154	224	Henry	7	38	45
Buchanan	98	273	371	Hickory	4	19	23
Butler	109	244	353	Holt	2	8	10
Caldwell	1	15	16	Howard	7	21	28
Callaway	9	62	71	Howell	27	105	132
Camden	10	61	71	Iron	23	46	69
Cape Girardeau	40	125	165	Jackson	532	1,760	2,292
Carroll	5	17	22	Jasper	103	281	384
Carter	6	16	22	Jefferson	89	304	393
Cass	17	85	102	Johnson	14	38	52
Cedar	1	20	21	Knox	2	19	21
Chariton	4	23	27	Laclede	21	60	81
Christian	12	69	81	Lafayette	13	56	69
Clark	8	32	40	Lawrence	21	40	61
Clay	42	181	223	Lewis	7	15	22
Clinton	4	25	29	Lincoln	19	58	77
Cole	40	127	167	Linn	6	31	37
Cooper	6	20	26	Livingston	2	20	22
Crawford	15	55	70	McDonald	14	39	53
Dade	7	21	28	Macon	8	34	42
Dallas	18	25	43	Madison	23	60	83
Davies	7	18	25	Maries	12	15	27
DeKalb	9	27	36	Marion	8	64	82

Hotline Reports by County (continued)							
County	Under 60	Seniors (60+)	Total	County	Under 60	Seniors (60+)	Total
Mercer	1	12	13	Reynolds	9	18	27
Miller	15	46	61	Ripley	9	34	43
Mississippi	27	50	77	St. Charles	64	217	281
Moniteau	3	22	25	St. Clair	7	17	24
Monroe	7	20	27	St. Francois	81	252	333
Montgomery	9	26	35	St. Louis City	369	1,531	1,900
Morgan	13	33	46	St. Louis County	364	1,649	2,013
New Madrid	44	97	141	Ste. Genevieve	11	42	53
Newton	19	77	96	Saline	13	51	64
Nodaway	5	32	37	Schuylerville	5	17	22
Oregon	11	39	50	Scotland	6	35	41
Osage	6	14	20	Shannon	4	17	21
Pemiscot	42	102	144	Shelby	1	7	8
Perry	9	13	22	Stoddard	18	60	78
Pettis	38	99	137	Stone	12	77	89
Phelps	27	104	131	Sullivan	3	22	25
Pike	14	42	56	Taney	30	70	100
Platte	33	84	117	Texas	12	75	87
Polk	12	33	45	Vernon	9	23	32
Pulaski	35	97	130	Warren	3	26	29
Putnam	3	19	22	Washington	26	54	80
Ralls	2	32	34	Wayne	12	47	59
Randolph	26	79	105	Webster	19	28	47
Ray	10	23	33	Worth	2	7	9
	Under 60	Seniors (60+)	Total	Wright	35	61	96
Total Hotlines	3,603	12,117	15,718				
Hotline Percentages	22.92%	77.08%	100.00%				

**Investigative Findings of Abuse, Neglect, and Exploitation Reports
of Seniors and Adults with Disabilities By County for FY 2001**

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
ADAIR	57	25	11	93
ANDREW	16	6	3	25
ATCHISON	3	8	5	16
AUDRAIN	37	16	12	65
BARRY	53	21	11	85
BARTON	10	2	4	16
BATES	12	11	9	32
BENTON	19	10	4	33
BOLLINGER	28	7	8	43
BOONE	122	20	59	201
BUCHANAN	145	103	70	318
BUTLER	207	28	91	326
CALDWELL	5	5	5	15
CALLAWAY	38	4	15	57
CAMDEN	26	26	13	65
CAPE GIRARDEAU	95	13	25	133
CARROLL	14	1	6	21
CARTER	9	0	10	19
CASS	61	13	12	86
CEDAR	9	5	5	19
CHARITON	16	5	3	24
CHRISTIAN	20	14	29	63
CLARK	22	7	4	33
CLAY	98	49	40	187
CLINTON	17	2	3	22
COLE	89	20	31	140
COOPER	14	6	6	26
CRAWFORD	36	5	14	55
DADE	22	0	3	25
DALLAS	26	4	9	39
DAVIESS	23	0	3	26
DE KALB	17	9	8	34
DENT	46	9	20	75
DOUGLAS	19	8	7	34
DUNKLIN	87	15	37	139
FRANKLIN	82	23	54	159
GASCONADE	13	4	4	21
GENTRY	7	1	0	8
GREENE	393	106	140	639
GRUNDY	17	2	10	29
HARRISON	26	11	3	40

Investigative Findings (continued)
Abuse, Neglect, and Exploitation of Seniors and Adults with Disabilities
by County for FY 2001

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
HENRY	17	12	7	36
HICKORY	12	1	6	19
HOLT	3	5	3	11
HOWARD	24	2	4	30
HOWELL	79	10	28	117
IRON	34	4	17	55
JACKSON	967	360	481	1,808
JASPER	92	79	139	310
JEFFERSON	193	54	43	290
JOHNSON	22	8	14	44
KNOX	11	2	5	18
LACLEDE	45	13	20	78
LAFAYETTE	35	10	15	60
LAWRENCE	32	10	16	58
LEWIS	12	5	2	19
LINCOLN	50	4	12	66
LINN	23	4	10	37
LIVINGSTON	11	0	2	13
MCDONALD	35	5	8	48
MACON	28	5	7	40
MADISON	43	7	14	64
MARIES	16	2	4	22
MARION	54	6	22	82
MERCER	9	2	2	13
MILLER	21	25	16	62
MISSISSIPPI	62	2	5	69
MONITEAU	21	2	4	27
MONROE	12	3	4	19
MONTGOMERY	17	6	13	36
MORGAN	26	5	12	43
NEW MADRID	68	30	28	126
NEWTON	51	13	15	79
NODAWAY	21	6	5	32
OREGON	29	7	5	41
OSAGE	7	3	6	16
OZARK	19	10	22	51
PEMISCOT	70	27	31	128
PERRY	8	3	5	16
PETTIS	90	6	33	129
PHELPS	60	28	27	115
PIKE	33	3	10	46
PLATTE	79	5	12	96
POLK	33	6	5	44

Investigative Findings (continued)
Abuse, Neglect, and Exploitation Reports of Seniors and Adults with
Disabilities by County for FY 2001

COUNTY	REASON TO BELIEVE	SUSPECTED	UNSUBSTANTIATED	TOTAL
PULASKI	78	6	35	119
PUTNAM	15	0	3	18
RALLS	12	8	8	28
RANDOLPH	71	8	8	87
RAY	18	4	6	28
REYNOLDS	11	2	6	19
RIPLEY	33	2	8	43
ST. CHARLES	90	55	51	196
ST. CLAIR	9	6	9	24
ST. FRANCOIS	208	33	39	280
ST. LOUIS CITY	670	319	421	1,410
ST. LOUIS CO.	704	359	401	1,464
STE. GENEVIEVE	23	7	8	38
SALINE	35	13	6	54
SCHUYLER	7	6	3	16
SCOTLAND	26	8	5	39
SCOTT	149	19	69	237
SHANNON	9	1	4	14
SHELBY	3	2	3	8
STODDARD	34	11	18	63
STONE	38	22	17	77
SULLIVAN	20	1	3	24
TANEY	44	7	14	65
TEXAS	67	7	7	81
VERNON	15	4	12	31
WARREN	17	3	6	26
WASHINGTON	27	4	25	56
WAYNE	31	4	15	50
WEBSTER	26	6	9	41
WORTH	3	4	1	8
WRIGHT	54	9	25	88
TOTAL	7,177	2,366	3,190	12,733

Appendix H
MCO Pre-Long Term Care Screening (PLTCS) Outcomes

County	Total Referrals	In-Home Services # %		RCF-PC # %		Nursing Facility # %		NF Short-Term # %		No Services/Other # %	
BARRY	139	20	14.39%	25	17.99%	72	51.80%	1	.72%	21	15.11%
CHRISTIAN	185	16	8.65%	66	35.68%	73	39.46%	0	0.00%	30	16.22%
DADE	44	11	25.00%	0	0.00%	31	70.45%	0	0.0%	2	4.55%
DALLAS	82	15	18.29%	25	30.49%	35	42.68%	1	1.22%	6	7.32%
DOUGLAS	48	9	18.75%	10	20.83%	21	43.75%	1	2.08%	7	14.58%
GREENE	1,114	256	22.98%	109	9.78%	636	57.09%	1	0.09%	112	10.05%
HOWELL	233	99	42.49%	12	5.15%	99	42.49%	2	0.86%	21	9.01%
LAWRENCE	179	36	20.11%	24	13.41%	106	59.22%	0	0.0%	13	7.26%
OREGON	129	73	56.59%	11	8.53%	31	24.03%	1	0.78%	13	10.08%
OZARK	34	16	47.06%	0	0.00%	12	35.29%	1	2.94%	5	14.71%
POLK	132	21	15.91%	22	16.67%	69	52.27%	1	0.76%	19	14.39%
SHANNON	68	25	36.76%	12	17.65%	28	41.18%	0	0.00%	3	4.41%
STONE	56	9	16.07%	11	19.64%	30	53.57%	1	1.79%	5	8.93%
TANEY	194	18	9.28%	23	11.86%	120	61.86%	1	0.52%	32	16.49%
TEXAS	90	25	27.78%	5	5.56%	53	58.89%	0	0.00%	7	7.78%
WEBSTER	115	38	33.04%	16	13.91%	51	44.35%	1	0.87%	9	7.83%
WRIGHT	87	33	37.93%	12	13.79%	33	37.93%	1	1.15%	8	9.20%
REG 1 TOTAL	2,929	720	24.58%	383	13.08%	1,500	51.21%	13	0.44%	313	10.6%
BOLLINGER	79	38	48.10%	5	6.33%	23	29.11%	0	0.0%	13	16.46%
BUTLER	397	215	54.16%	39	9.82%	116	29.22%	0	0.00%	27	6.80%
CAPE GIRARDEAU	323	71	21.98%	57	17.65%	158	48.92%	0	0.00%	37	11.46%
CARTER	65	42	64.62%	6	9.23%	15	23.08%	0	0.00%	2	3.08%
DUNKLIN	329	145	44.07%	9	2.74%	136	41.3%	2	0.61%	37	11.25%
IRON	63	20	31.75%	17	26.98%	22	34.92%	2	3.17%	2	3.17%
MADISON	98	31	31.63%	20	20.41%	35	35.71%	2	2.04%	10	10.20%
MISSISSIPPI	135	77	57.04%	2	1.48%	45	37.00%	0	0.00%	11	11.00%
NEW MADRID	194	87	44.85%	0	0.00%	88	45.36%	2	1.03%	17	8.76%
PEMISCOT	146	96	65.75%	0	0.00%	35	23.97%	5	3.42%	10	6.85%
PERRY	61	10	16.39%	7	11.48%	38	62.3%	0	0.00%	6	9.84%
REYNOLDS	27	14	51.85%	0	0.00%	9	33.33%	0	0.00%	4	14.81%
RIPLEY	227	162	71.37%	12	5.29%	43	18.94%	1	0.44%	9	3.96%
ST FRANCOIS	448	87	19.42%	123	27.46%	172	38.39%	2	0.45%	64	14.29%
STE GENEVIEVE	72	15	20.83%	17	23.61%	34	47.22%	0	0.00%	6	8.33%
SCOTT	325	178	54.77%	15	4.62%	91	28.00%	1	0.31%	40	12.31%
STODDARD	250	88	35.20%	44	17.60%	86	34.40%	3	1.20%	29	11.60%
WAYNE	63	30	47.62%	2	3.17%	24	38.10%	0	0.00%	7	11.11%
REG 2 TOTAL	3,302	1,406	42.58%	375	11.3%	1,170	35.4%	20	0.6%	331	10.02%
BATES	92	13	14.13%	1	1.09%	73	79.35%	1	1.09%	4	4.35%
BENTON	170	77	45.29%	17	10.00%	67	39.41%	0	0.00%	9	5.29%
CARROLL	59	31	52.54%	0	0.00%	25	42.37%	0	0.00%	3	5.08%
CEDAR	96	33	34.38%	2	2.08%	49	51.04%	0	0.00%	12	12.50%
CHARITON	62	18	29.03%	5	8.06%	36	58.06%	0	0.00%	3	4.84%

County	Total Referrals	In-Home Services		RCF-PC		Nursing Facility		NF Short-Term		No Services/Other	
		#	%	#	%	#	%	#	%	#	%
HENRY	158	60	37.97%	12	7.59%	66	41.77%	1	0.63%	19	12.03%
HICKORY	82	38	46.34%	0	0.00%	37	45.12%	0	0.00%	7	8.54%
JOHNSON	121	48	39.67%	9	7.44%	50	41.32%	0	0.00%	14	11.57%
LAFAYETTE	138	38	27.54%	1	0.72%	89	64.49%	0	0.00%	10	7.25%
PETTIS	238	64	26.89%	38	15.97%	113	47.48%	1	0.42%	22	9.24%
ST. CLAIR	56	27	48.21%	0	0.00%	27	48.21%	1	1.79%	1	1.79%
SALINE	167	70	41.92%	20	11.98%	66	39.52%	2	1.20%	9	5.39%
VERNON	83	15	18.07%	9	10.84%	45	54.22%	0	0.00%	14	16.87%
REG 3 TOTAL	1,522	532	34.95%	114	7.49%	743	48.82%	6	0.39%	127	8.34%
ANDREW	53	17	32.08%	0	0.00%	30	56.60%	0	0.00%	6	11.32%
ATCHISON	25	6	24.00%	1	4.00%	15	60.00%	0	0.00%	3	12.00%
BUCHANAN	597	158	26.47%	58	9.72%	263	44.05%	2	0.34%	116	19.43%
CALDWELL	44	25	56.82%	0	0.00%	18	40.91%	0	0.00%	1	2.27%
CLINTON	78	13	16.67%	0	0.00%	61	78.21%	0	0.00%	4	5.13%
DAVIESS	25	14	56.00%	0	0.00%	8	32.00%	0	0.00%	3	12.00%
DEKALB	70	24	34.29%	15	21.43%	21	30.00%	1	1.43%	9	12.86%
GENTRY	60	9	15.00%	1	1.67%	32	53.33%	0	0.00%	18	30.00%
GRUNDY	82	46	56.10%	2	2.44%	28	34.15%	0	0.00%	6	7.32%
HARRISON	52	9	17.31%	1	1.92%	39	75.00%	0	0.00%	3	5.77%
HOLT	36	15	41.67%	0	0.00%	18	50.00%	1	2.78%	2	5.56%
LINN	113	48	42.48%	7	6.19%	49	43.36%	0	0.00%	9	7.96%
LIVINGSTON	115	43	37.39%	6	5.22%	56	48.70%	1	0.87%	9	7.83%
MERCER	45	25	55.56%	4	8.89%	12	26.67%	0	0.00%	4	8.89%
NODAWAY	51	11	21.57%	2	3.92%	32	64.71%	0	0.00%	5	9.80%
PUTNAM	40	20	50.00%	0	0.00%	16	40.0%	1	2.50%	3	7.50%
SULLIVAN	63	38	60.32%	6	9.52%	13	20.63%	1	1.59%	5	7.94%
WORTH	17	17	35.29%	0	0.00%	8	41.18%	0	0.00%	3	17.65%
REG 4 TOTAL	1,566	527	33.65%	103	6.58%	720	45.98%	7	0.45%	209	13.35%
ADAIR	192	68	35.42%	33	17.19%	60	31.25%	1	0.52	30	15.63%
CLARK	61	37	60.66%	1	1.64%	17	27.87%	0	0.00%	6	9.84%
KNOX	36	22	61.11%	4	11.11%	9	25.00%	0	0.00%	1	2.78%
LEWIS	60	23	38.33%	0	0.00%	31	51.67%	0	0.00%	6	10.00%
LINCOLN	158	45	28.48%	26	16.46%	73	46.20%	1	0.63%	13	8.23%
MACON	87	38	43.68%	1	1.15%	44	50.57%	0	0.00%	4	4.60%
MARION	248	62	25.00%	42	16.94%	122	49.19%	2	0.81%	20	8.6%
MONROE	34	19	55.88%	2	5.88%	12	35.29%	0	0.00%	1	2.94%
MONTGOMERY	121	48	39.67%	4	3.31%	61	50.41%	1	0.83%	7	5.79%
PIKE	98	43	43.88%	4	4.08%	44	44.90%	1	1.02%	6	6.12%
RALLS	64	36	56.25%	0	0.00%	24	37.50%	0	0.00%	4	6.25%
RANDOLPH	192	77	40.10%	20	10.42%	80	41.67%	0	0.00%	15	7.81%
SCHUYLER	32	21	65.63%	0	0.00%	9	28.13%	1	3.13%	1	3.13%
SCOTLAND	52	34	65.38%	1	1.92%	12	23.08%	0	0.00%	5	9.62%
SHELBY	53	27	50.94%	4	7.55%	20	37.74%	0	0.00%	2	3.77%
WARREN	34	20	58.82%	2	5.88%	8	23.53%	0	0.00%	4	11.76%
REG 5 TOTAL	1,522	620	40.74%	144	9.46%	626	41.13%	7	0.46%	125	8.21%

County	Total Referrals	In-Home Services		RCF-PC		Nursing Facility		NF Short-Term		No Services/Other	
		#	%	#	%	#	%	#	%	#	%
AUDRAIN	97	41	42.27%	5	5.15%	46	47.24%	0	0.00%	5	5.15%
BOONE	436	175	40.14%	36	8.26%	165	37.84%	0	0.00%	60	13.76%
CALLAWAY	101	13	12.87%	32	31.68%	48	47.52%	2	1.98%	6	5.94%
CAMDEN	97	28	28.87%	4	4.12%	53	54.64%	0	0.00%	12	12.37%
COLE	251	61	24.30%	42	16.73%	122	48.61%	1	0.40%	25	9.96%
COOPER	56	17	30.36%	5	8.93%	30	53.57%	0	0.00%	4	7.14%
CRAWFORD	102	16	15.69%	24	23.53%	51	50.00%	0	0.00%	11	10.78%
DENT	67	20	29.85%	8	11.94%	28	41.79%	2	2.99%	9	13.43%
GASCONADE	82	16	19.51%	6	7.32%	54	65.85%	0	0.00%	6	7.32%
HOWARD	54	17	31.48%	19	35.19%	15	27.78%	0	0.00%	3	5.56%
LACLEDE	114	29	25.44%	22	19.30%	47	41.23%	0	0.00%	16	14.04%
MARIES	20	8	40.00%	0	0.00%	10	50.0%	0	0.00%	2	10.00%
MILLER	69	15	21.74%	3	4.35%	44	63.77%	0	0.00%	7	10.14%
MONITEAU	50	9	18.00%	9	18.00%	28	56.00%	1	2.00%	3	6.00%
MORGAN	88	24	27.27%	14	15.91%	42	47.73%	0	0.0%	8	9.09%
OSAGE	42	17	40.48%	7	16.67%	16	38.10%	0	0.0%	2	4.76%
PHELPS	124	20	16.13%	0	0.00%	91	73.79%	0	0.00%	13	10.48%
PULASKI	70	11	15.71%	0	0.00%	53	75.71%	2	2.86%	4	5.71%
WASHINGTON	97	47	48.45%	0	0.00%	48	41.03%	1	0.85%	8	6.84%
REG 6 TOTAL	2,087	619	29.66%	276	13.22%	968	46.38%	8	0.38%	216	10.35%
CASS	221	19	8.60%	17	7.69%	151	68.33%	0	0.00%	34	15.38%
CLAY	399	31	7.77%	31	7.77%	273	68.42%	0	0.00%	64	16.04%
JACKSON	3,185	895	28.10%	238	7.47%	1,511	47.44%	1	0.03%	540	16.95%
PLATTE	147	6	4.08%	19	12.93%	99	67.35%	0	0.00%	23	15.65%
RAY	82	40	48.78%	0	0.00%	34	41.46%	2	2.44%	6	7.32%
REG 7 TOTAL	4,034	991	24.5%	305	7.5%	2,068	51.2%	3	0.07%	667	16.53%
FRANKLIN	337	86	25.52%	19	5.64%	197	58.46%	0	0.00%	35	10.39%
JEFFERSON	620	57	9.19%	119	19.19%	386	62.26%	0	0.00%	58	9.35%
ST. CHARLES	304	69	22.70%	26	8.55%	181	59.54%	0	0.00%	28	9.21%
ST. LOUIS CO	2,634	419	15.91%	116	4.40%	1,717	65.19%	4	0.15%	378	14.35%
REG 8 TOTAL	3,895	631	16.20%	280	7.19%	2,481	63.70%	4	0.10%	499	12.81%
ST. LOUIS CITY	2,001	585	28.29%	160	8.0%	991	49.53%	2	0.10%	282	14.09%
REG 9 TOTAL	2,001	585	28.29%	160	8.0%	991	49.53%	2	0.10%	282	14.09%
BARTON	58	9	15.52%	7	12.07%	37	63.79%	0	0.00%	5	8.62%
JASPER	516	131	25.39%	93	18.02%	221	42.83%	3	0.58%	68	13.18%
MCDONALD	57	16	28.07%	6	10.53%	24	42.11%	0	0.00%	11	19.30%
NEWTON	254	41	16.14%	7	2.76%	184	72.44%	3	1.18%	19	7.48%
REG 10 TOTAL	885	197	22.25%	113	12.76%	466	52.65%	6	0.67%	103	11.64%
STATE TOTAL	23,762	6,828	28.73%	2,253	9.48%	11,733	49.37%	76	0.32%	2,872	12.10%

Missouri's Family Caregiver Support Program

The Family Caregiver Support Program is a relatively new program established by the enactment of the Older Americans Act Amendments of 2000. The program establishes an infrastructure of program resources and assistance to family caregivers. States, Area Agencies on Aging (AAAs), and local community service providers work together to provide support and services to family caregivers.

The five areas of services allowed under the program include:

- **Information** to caregivers about available services;
- **Assistance** to caregivers in gaining access to supportive services;
- **Individual** counseling, organization of support groups, and caregiver training to caregivers to assist in making decisions and solving problems relating to their care giving roles;
- **Respite care** (which can include adult day care) to enable caregivers to be temporarily relieved from their care giving roles; and
- **Supplemental services**, on a limited basis, to complement the care provided by caregivers. These services may include: home adaptation/modification such as ramps, lift chairs, grab bars, assistive devices, nutritional supplements, incontinence supplies, door alarms or locks, home appliances, etc.

Eligible Populations:

- Family Caregivers of older adults who are 60 years of age and older; and
- Grandparents and relatives who are age 60 and over who are caregivers of children not more than 18 years (including grandparents who are sole caregivers of grandchildren and those individuals who are affected by mental retardation or who have developmental disabilities).

Priority is given to:

- Persons in greatest social and economic need with particular attention to low-income, minority individuals.

Who to Contact for Help:

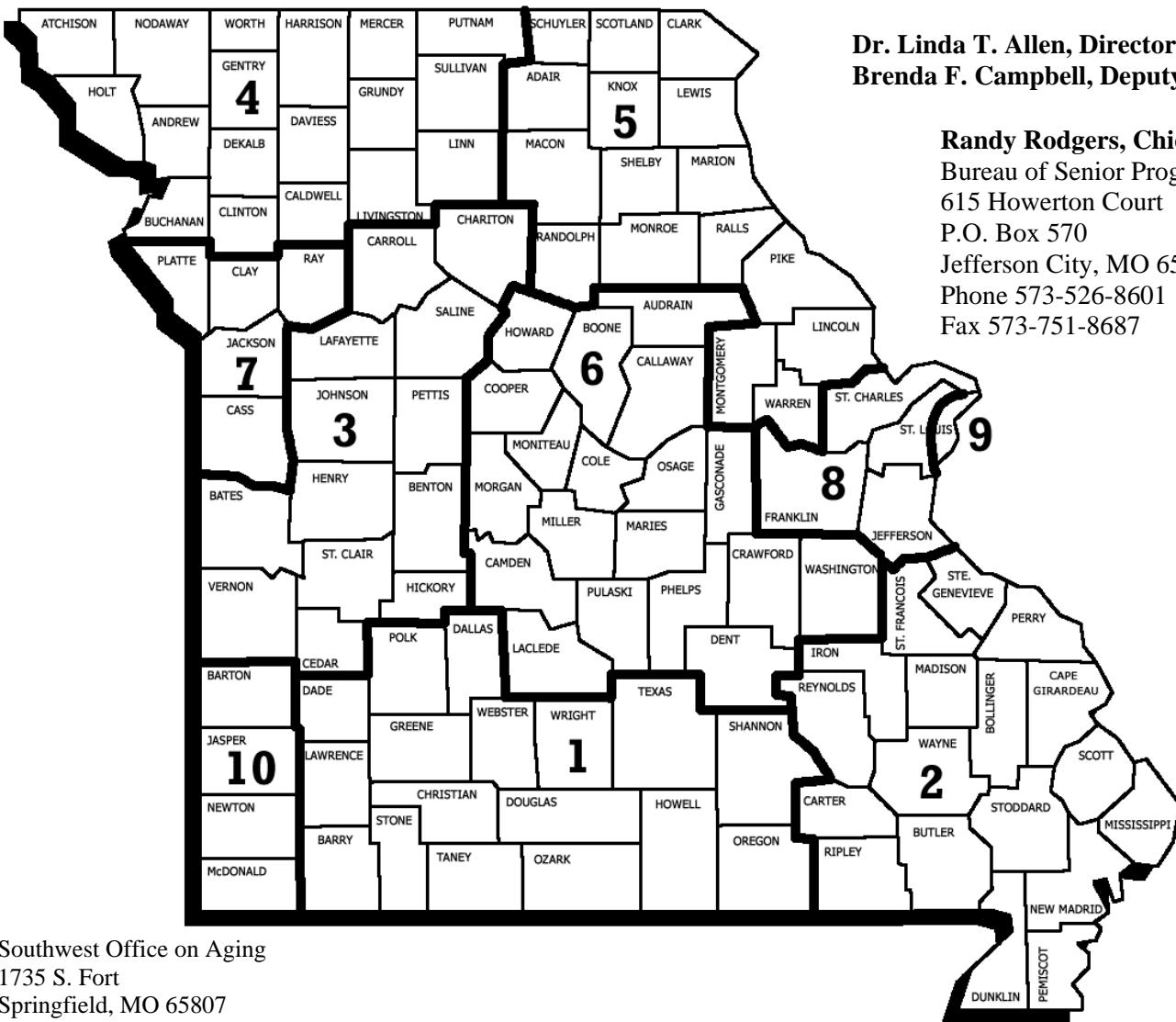
For assistance or information about the Family Caregiver Support Program in your area, you may contact your local Area Agency on Aging. To locate your area agency in Missouri, please call 800-235-5503. For assistance in locating an area agency or Family Caregiver Support Program nationally, you may call the ElderCare Locator at 800-677-1116.

Area Agencies on Aging
Serving Missouri Seniors Through Funding Provided Under
The Older Americans Act

Units of Service	FY97	FY98	FY99	FY00	FY01
Transportation	1,269,378	1,204,690	1,154,194	1,165,470	993,472
Information and Assistance	216,400	141,753	82,154	100,745	118,096
Homemaker/Personal Care Services	161,169	171,691	173,138	162,943	162,623
Respite Care	60,126	47,806	49,279	34,936	32,340
Adult Day Health Care	7,147	7,724	8,014	7,830	10,918
Legal Services	8,000	8,477	7,687	7,995	8,405
Older Worker Program (Persons)	305	305	303	302	303
Congregate Meals (Senior Centers)	3,352,699	3,486,333	3,504,337	3,524,225	3,290,318
Home Delivered Meals	3,549,949	4,347,456	5,156,597	5,949,088	5,861,702
Health Promotion, Disease Prevention	50,396	169,865	86,703	80,681	79,176
AAAs Monitored On-site Annually	5	5	5	5	5

Appendix L

Missouri Information & Assistance Network (Operated through Area Agency on Aging Offices)



Dr. Linda T. Allen, Director
Brenda F. Campbell, Deputy Director

Randy Rodgers, Chief
 Bureau of Senior Programs
 615 Howerton Court
 P.O. Box 570
 Jefferson City, MO 65102
 Phone 573-526-8601
 Fax 573-751-8687